

FILED DEC 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41857

State File No.

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 108

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Neosho</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>139 So. High St.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTHA</u> b. (Middle) <u>MAY</u> c. (Last) <u>PAXTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 7, 1949</u>	
5. SEX <u>FEM</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 13, 1877</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>Joplin Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John W. McAntire Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ELIZABETH LAMKIN</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>515-14-2982</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wayne Shankard</u> ADDRESS <u>Neosho Missouri</u>
18. NO. OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Block.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute Myocardial failure</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4330	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-1</u> , 19 <u>49</u> , to <u>12-7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-7</u> , 19 <u>49</u> , and that death occurred at <u>2 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. E. Mearns MD.</u>		23b. ADDRESS <u>Neosho, Mo.</u>	
23c. DATE SIGNED <u>12-8-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-9-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MT HOPE CEMETERY</u>		24d. LOCATION (City, town, or county) <u>WEBB CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 5, 1949</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Corley Thompson</u>		ADDRESS <u>Neosho Mo.</u>	

RECEIVED

District Health Officer No. NEWTON Co. HEALTH DEPT.
District File Number 1249-230
Date Filed DEC 15 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Elcie Kessel

Licensed Embalmer No. 4690

P. O. Address Newosha, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.